| PRINT in BLACK ink | | | | | | | | | | |
|--|------------------|---------------|----------------------|--------------|-------------|----------------------------------|----|--|--|--|
| Enter the name of the | STATE OF WIS | SCONSIN, C | CIRCUIT | COURT, | | For Official Use | | | | |
| county in which this case | | | | | | | | | | |
| is filed. | | | | | COUN | ГҮ | | | | |
| | | | | | | | | | | |
| Enter the name of the | In re the marria | ge of: | | | | | | | | |
| petitioner. If joint petitioners, enter the name | Petitioner/Join | t Petitioner | -Wife: | | | | | | | |
| of the wife. | | | | | | | | | | |
| | J | | | | | | | | | |
| | First name | Middle n | name | Last name | | | | | | |
| | and | | | _ | | Civil Process Workshe | Δt | | | |
| Enter the name of the | Respondent/Jo | oint Petition | OWN 1 100033 WORKSIN | ,01 | | | | | | |
| respondent. If joint petitioners, enter the name | | | | | | | | | | |
| of the husband. | First name | Middle na | ame | Last name | | | | | | |
| | | | | 2001.10.110 | | Ocean No. | | | | |
| Enter the case number. | | | | | | Case No. | | | | |
| | | | | | | | | | | |
| | | | o not f | le this forr | n with th | e court. | | | | |
| | | | | | | | | | | |
| | | | | | | agency or private process server | to | | | |
| | help locate and | serve the n | ecessary | documents o | n the other | party. | | | | |
| | A. Party Inforn | nation | | | | | | | | |
| | Name | | | | | | | | | |
| Enter the following | Address | | | | | | _ | | | |
| information for the | Address | | | | | | | | | |
| person to be served. | City | | | | | | | | | |
| | State | | | | Zip | | | | | |
| If you do not know an | Date of Birth | | | | | | | | | |
| answer, write "unknown" in the | Phone (day) | - | | | | | | | | |
| blank. | Phone (evening | g) | | | | | | | | |
| | Phone (cell) | | | | | | | | | |
| | Occupation | | | | | | | | | |
| | Height | | | | | | | | | |
| | Weight | | | | | | | | | |
| | Hair Color | | | | | | | | | |
| | Eye Color | | | | | | | | | |
| | Race | | | | | | | | | |
| | Sex | Male | ☐ Fen | nale | | | | | | |
| | Glasses | ☐ Yes | ☐ No | | | | | | | |
| Enter any other | Beard | ☐ Yes | ☐ No | | | | | | | |
| physical | Mustache | ☐ Yes | ☐ No | | | | | | | |
| characteristics that | Other Identifyin | g Character | istics: | | | | _ | | | |
| may assist identifying | - | | | | | | _ | | | |
| him/her. | | | | | | | | | | |

| nter the other party's | Employer | | | |
|---------------------------------|--|----|--|--|
| lace of employment | Address Address | | | |
| nd the hours he/she is | - | | | |
| most likely to be there. | City State Zip Nork Hours: | | | |
| | | | | |
| | C. Other Locations | | | |
| heck yes or no. | Are there other locations this person can regularly be found? | No | | |
| | Name of Place | | | |
| yes, enter the name | Address | | | |
| lternate location and | Address | | | |
| he days and times that | City Zip | | | |
| ne/she will likely be | PhonePossible Days/Time | | | |
| nere. | | | | |
| | D. Vehicle | | | |
| | Make | | | |
| | Model | | | |
| Describe the person's vehicle. | Year | | | |
| | | | | |
| | License Plate Number | | | |
| | Unusual Characteristics | | | |
| | E. Special Circumstances: | | | |
| 711 T | Is the person to be served likely to have a violent reaction to the service? | | | |
| Check yes, no, or I don't know. | ☐ Yes ☐ No ☐ I don't know | | | |
| on t know. | Does this person normally carry any weapons? | | | |
| Also identify any other | ☐ Yes ☐ No ☐ I don't know | | | |
| abits, characteristics, | Other | | | |
| r behaviors of which | | | | |
| ne server should be | | | | |
| ware. | | | | |